

**Application to Certify Long-Term Care Facility
for Alzheimer's Disease and Related Disorders
or Alzheimer's Assisted Living Facility**

For DADS Use Only		
Approval Date	Region	App No.
Specialist		DLN No.

Part I — General Information

1. Facility Name		Alzheimer Unit Name	
2. Physical Address (Street, City, State, ZIP)			County
Facility Area Code and Telephone No.	Facility Identification No.	Facility Program Type	
Facility Service Type		National Provider Identifier No.	
3. Current Certified Alzheimer's Capacity			
4. Type of Application Make check or money order payable to: Department of Aging and Disability Services			
<input type="checkbox"/> Initial (See Fee Schedule)		Total Fee: _____	
<input type="checkbox"/> Change of Ownership (See Fee Schedule)		Check/Money Order No(s).: _____	
<input type="checkbox"/> Renewal (See Fee Schedule)			
<input type="checkbox"/> Certified Alzheimer's Capacity Change (No Fee) – Proposed Bed Capacity _____			

Fee Schedule

	ALF – Type B	Long Term Care (NF)
Initial	\$200	\$300
Change of Ownership	\$200	\$300
Renewal	\$200	\$300
Certified Alzheimer's Capacity Change	No Fee	No Fee
Refer to Form 3721 instructions for guidance regarding fee schedule.		

Part II — Local Authority Approvals

5. New and bed increase applications must include written approval from the local fire authority. (Fire authority may sign below or provide separate written approval.)

To the best of my knowledge, at the time of the inspection, the facility meets all local fire safety requirements.	
_____ Signature – Fire Authority	_____ Date

6. All applications for license (except renewals) must include a copy of a letter to the local health authority stating that a change in the facility's certification is occurring. (Attach a copy of the letter to the local health authority.)

Part III — Owner/Applicant

The facts set forth in the foregoing application are true to the best of my knowledge. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my state license.

Signature – Owner/Applicant (or Authorized Representative)

Date

Sworn to and subscribed before me this _____ day of _____, 2____.

Notary Seal

Signature – Notary Public

Checklist: **Fee (if applicable)**
 Fire Authority Signature
 Copy of Letter to Local Health Authority (except renewals)
 Notary Signature/Seal